


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

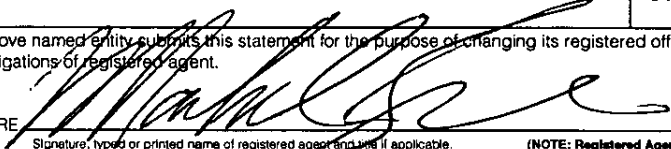
<b>DOCUMENT # N05000001230</b>			
1. Entity Name ISLAND PINES I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1155 HANCOCK CREEK SOUTH BLVD CAPE CORAL, FL 33905		Mailing Address 1155 HANCOCK CREEK SOUTH BLVD CAPE CORAL, FL 33905	
2. Principal Place of Business		3. Mailing Address 12650 WHITEHALL DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FORT MYERS, FL	
Zip	Country	Zip	Country
		33907	USA

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06 NOV 20 AM 11:39

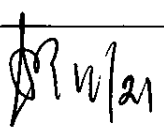
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

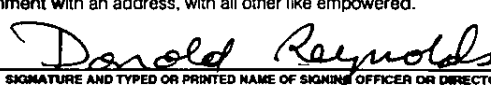


11032006 REIN-NP	CR2E099 (11/05)	06
4. FEI Number	Applied For	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWALM, BOURGEOU & DAVIES, P.A. 2375 TAMiami TRAIL N STE 308 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name MARK R. BENSON Street Address (P.O. Box Number is Not Acceptable) 12650 WHITEHALL DR City FORT MYERS FL Zip Code 33907	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 11-15-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOUS, GREGG 12730 NEW BRITTANY BLVD FT MYERS, FL 339074681 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Donald E. Reynolds 9200 Estero Park Commons #1 Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALOOLY, PATRICK 12730 NEW BRITTANY BLVD FT MYERS, FL 339074681 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kenneth Nichols 9200 Estero Park Commons #1 Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCAMEHORN, WAYNE 12730 NEW BRITTANY BLVD FT MYERS, FL 339074681 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Christopher Spina 9200 Estero Park Commons #1 Estero, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800082331008 12/06/06--01063--003 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	